

RURAL HEALTH CONNECT

Improving the Health of Rural Communities

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Utah Department of Health COVID-19

We want to understand how the COVID-19 pandemic is affecting health facilities throughout rural Utah. Are you seeing an increase in service utilization? A decrease? Have you had to lay-off staff? Are support staff working from home? How

have you been able to utilize telehealth services? Please send responses to opcrh@utah.gov.

We look forward to hearing from you!

Reduce Your Risk of Coronavirus



What's New

Public Hospitals Eligible for Paycheck Protection Program

The SBA has released guidance for public hospitals to be eligible for the Paycheck Protection Program. The SBA guidance states "a hospital that is otherwise eligible to receive a PPP loan as a business concern or nonprofit organization (described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code) shall not be rendered ineligible for a PPP loan due to ownership by a state or local government if the hospital receives less than 50% of its funding from state or local government sources, exclusive of Medicaid."

[For more information on the PPP guidance, please follow the link here.](#)

COVID-19 Uninsured Program Portal

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), launched a new COVID-19 Uninsured Program Portal, allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020 to submit claims for reimbursement.

Providers can access the portal at COVIDUninsuredClaim.HRSA.gov.

HHS Begins Distribution of Payments to Hospitals with High COVID-19 Admissions and Rural Providers

The Department of Health and Human Services (HHS) is processing payments from the Provider Relief Fund to hospitals with large numbers of COVID-19 inpatient admissions through April 10, 2020, and to rural providers in support of the national response to COVID-19.

"These new payments are being distributed to healthcare providers who have been hardest hit by the virus: **\$12 billion to facilities admitting large numbers of COVID-19 patients** and **\$10 billion to providers in rural areas**, who are already working on narrow margins," said HHS Secretary Alex Azar. "HHS has put these funds out as quickly as possible, after gathering data to ensure that they are going to the providers who need them the most. With another \$75 billion recently appropriated by Congress, the Trump Administration will continue doing everything we can to support America's heroic healthcare providers on the frontlines of this war on the virus."

[For more information, please follow the link here.](#)

United States 2020 Census

Great progress is being made in the 2020 Census and more than half of U.S. households have responded—that's 83,600,000 households so far—there is still more work to be done. Visit the [2020 Census response rate map](#) to see what percentage of households have responded in cities and towns across the country.

If you have already responded to the 2020 Census, thank you! Now we need your help to fulfill our constitutional duty to count everyone across the U.S. and its five territories. Using social media, you can easily inform others of the importance of the census and encourage them to respond.

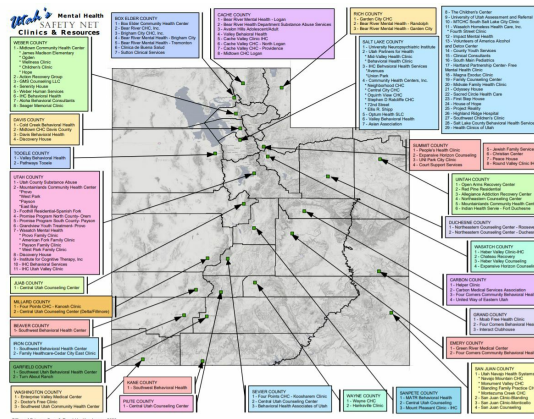
I challenge you — TO COMPLETE — the census to shape the future of hospitals

Responses to the 2020 Census will shape how hundreds of billions of dollars in federal funding are distributed to local communities annually.

#shapeyourfuture

OPCRH Office Highlight:

Each month the OPCRH team highlights a significant event or project in our office. This month, we're highlighting our [Mental Health Safety Net Map](#) for the state of Utah! The Mental Health Safety Net Map is a newly developed map, if you have any suggestions or edits, please forward them to coltongordon@utah.gov.



Upcoming Events

All upcoming events have been canceled or postponed.

OPCRH Program Updates

HEALTH SYSTEMS SUPPORT

- Save the Date: *June 11-12, 2020* *UNDER REVIEW* the

WORKFORCE DEVELOPMENT

- OPCRH and the Workforce Development

OPCRH is hosting our annual **FLEX Summit** at Ruby's Inn in Bryce Canyon, UT. **Please** look for updates as COVID-19 policies change.

Team are excited to welcome **Mason Payne** as our newest teammate. Mason joins us from Intermountain Healthcare, where he worked as a Patient Service Representative since 2017. A Certified Recreation Therapist, Mason has a BA from BYU and an MBA from Utah Valley University. We hope you have the opportunity to meet him soon!

- The OPCRH is establishing a **Health Workforce Coalition** to develop a coordinated approach to addressing health workforce issues in rural and underserved Utah. The first coalition meeting will be *rescheduled from March 26, 2020 to a later date* and will focus on the root causes of health workforce shortages, identify emerging issues affecting Utah's health workforce, and share successful models and opportunities to scale them. Members may include government, health industry, education institutions, and associated organizations. We are still in the process of reaching out to potentially interested stakeholders. If you would like to participate or learn more about this initiative, please contact **Ashley Moretz**, OPCRH Director, at amoretz@utah.gov

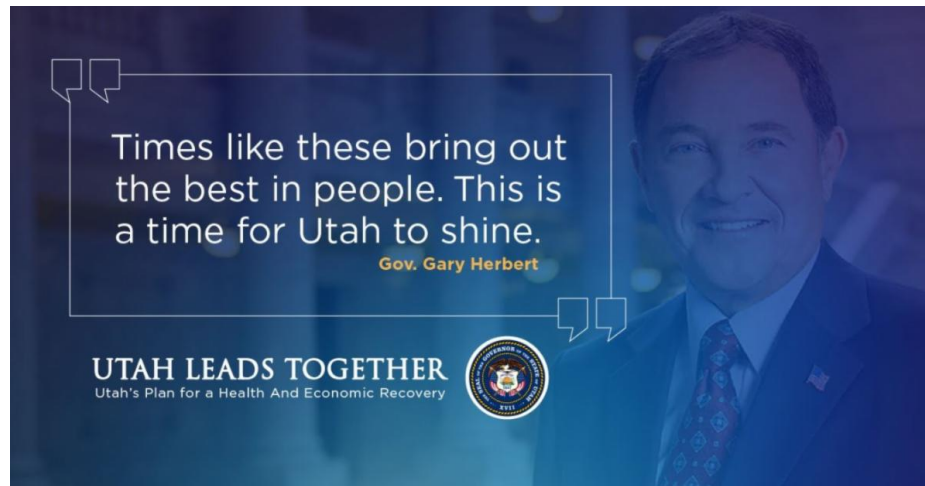
Statewide Announcements

Governor Herbert Issues Executive Order Placing Utah Under "Moderate Risk"

"We aren't returning to business as usual yet," Gov. Gary R. Herbert said. "In fact, we will not return to 'normal' for a significant period of time. But Utahns' diligence over the past month has given us time to build our healthcare capacity and PPE stores. We can now cautiously relax some requirements, and allow businesses that were closed to operate with safety measures in place. If Utahns continue to exercise caution, we can

continue flattening the curve and stay below our hospital capacity, while resuming some normalcy in our business and social interactions." Under "moderate risk," Utahns are still encouraged to stay home as much as possible, but may see small groups of family and friends who have been following recommendations on social distancing and hygiene. Some establishments that had been closed by public health orders, including gyms, salons, and other personal care establishments, are permitted to resume operations under very strict guidelines. Dine-in options are once again permitted, where eating establishments exercise extreme precautions detailed in the plan.

[To view the updated public and employer guidelines, please follow the link here.](#)



A Mask for Every Utahn

Governor Herbert announced 'A Mask for Every Utahn,' a public-private partnership to provide a free face mask to Utahns who don't have one. Masks, along with social distancing, will play an important role as more people return to work and everyday activities, and we all work to reactivate Utah's economy.

The state of Utah, through an arrangement with the Utah Manufacturers Association and Cotopaxi, purchased two million face masks to help protect the health of Utahns during the global COVID-19 pandemic. The state's order for masks helped employ more than 200 Utahns by keeping local manufacturers open. The federal CARES Act provided funding for the masks.

"We want to do everything we can as we work together as a state to combat COVID-19," said Gov. Herbert. "Wearing a mask when we are out in public may not be convenient, but it can help slow the spread of the virus. Let's all do our part in stopping the spread and helping to protect those around us."

[For more information, please follow the link here.](#)

Patients May Now Get Medical Cannabis with Recommendation Letters

The Utah Department of Health (UDOH) announced changes to the Utah Medical Cannabis Program which will allow more patients access to medical cannabis. Under House Bill 425, passed during the 2020 Utah Legislative Session, qualifying patients who do not have a medical cannabis card but have a “recommendation letter” from their medical provider may purchase medical cannabis until December 31, 2020. Prior to this legislation, patients could only purchase medical cannabis with a medical cannabis card.

To qualify to purchase medical cannabis with a recommendation letter, individuals must meet the following requirements:

1. Live in Utah.
2. Present a recommendation letter to the medical cannabis pharmacy from a licensed medical professional that states you have been diagnosed with a qualifying condition. Approved licensed medical professions in Utah include a medical doctor, osteopathic physician, advanced practice registered nurse, or physician assistant.
3. The medical cannabis pharmacy must receive independent confirmation from the individual's medical provider that the recommendation letter is valid.
4. Present a valid form of photo identification to the medical cannabis pharmacy such as a drivers license, a United States passport or passport card, or a United States military identification card.

WIC Assistance is Available to All Who Meet Income Eligibility

Many immigrants in Utah are questioning how recent changes to the public charge rule will affect their families. WIC, the supplemental nutrition program for women, infants and children, is NOT included in the final public charge rule. Pregnant women, newborns and children up to the age of 5 may fully participate in the WIC program regardless of immigration or citizenship status.

For more than four decades, WIC has provided early and targeted nutrition for women and children. WIC compliments efforts by SNAP and Medicaid to ensure healthy pregnancies, positive birth outcomes and early child development. When families lose access to these programs, children lose access to preventative health measures that can mitigate significant health conditions or poor health later in life. WIC provides eligible participants with nutrition support and resources that improve health outcomes.

People currently on WIC should continue participation. People who were on WIC in the past can reapply. And people who have not previously received WIC benefits can sign up without fear of negative consequence. The final rule clarifies that WIC participation will not be considered in a public charge determination conducted in the United States, even though other vital programs like SNAP and Medicaid are affected. The final rule does not permit public charge consideration of Medicaid benefits if the immigrant is younger than 21 years of age, or a

pregnant woman (including a postpartum period of 60 days). WIC clinics and agencies do not inquire or collect information about a participant's immigration or citizenship status. In compliance with federal regulations, they do not share any personal information with outside agencies, including immigration authorities. Refugees, asylees, and VAWA (Violence Against Women Act) self-petitioners are protected and not subject to public charge determinations. Utah WIC welcomes all community members and their families. Everyone in Utah may use WIC services regardless of immigration status and without fear of it being held against you.

For more information visit the National WIC Association website or call 1-877-WIC-KIDS to speak to someone locally.

Webinars

Flattening the Curve: Implications of Testing for Health Centers



The National Association of Community Health Centers (NACHC), a HRSA-funded National Cooperative Agreement (NCA), will hold one additional session in this series, focusing on health centers' role in testing.

Thursday, May 7
1:00-2:00 p.m. ET
[Register here](#)

HRSA Health Center Program Updates

Tuesday, May 19
2:00-3:00 p.m. ET
Join the webinar the day of the session*
Call-in: 800-369-1724
Passcode: 3620392
*NOTE: This link will be accessible only to the first 1,500 participants. If you cannot log in for the visual portion, please still call in!



[Register Here](#)

Free Rural Health

COVID-19 “Call First” Communications Toolkit



As rural health leaders, you've been working diligently on communications regarding important issues such as social distancing, handwashing and overall messaging around practices to flatten the curve. An additional concern is taking all steps possible to not overburden our rural health facilities, while demonstrating leadership in our communities to promote a sense of vigilance, but also an environment of security and calmness.

In this spirit, NRHA through donated services of partner Legato Healthcare Marketing, is providing NRHA members free access to a communications toolkit with messaging focused on:

- Calling first to determine if you should be seen
- The leadership role your hospital/clinic is taking to protect your community

Toolkit components – designed to allow customization and branding for your facility -- include items such as print and digital ads, radio scripts, social media posts and media materials. Legato is donating its services not only for the production and use of these materials, based on Centers for Disease Control and Prevention (CDC) messaging and input from a rural health taskforce, but also for complimentary assistance in helping to download materials. [Visit here](#). When entering this site, you will be asked to provide your email so that updates to the toolkit can be sent to you immediately, allowing you to respond promptly to this ever-changing situation.

[To register, please follow the link here.](#)

COVID-19 Toolkit for Rural Facilities

As leaders in rural healthcare, we recognize how critical it is for you to protect your care teams and the patients in your community amid the



In response, CPSI, through our family of companies is pleased to share that we are offering, **free of charge**, a set of tools to assist all rural hospitals and community providers with [COVID-19 readiness](#) along with a comprehensive telehealth solution that goes beyond COVID-19. That offering is expected to be available by the end of April 2020.

For more information on how your healthcare facility can take advantage of these telehealth tools, email us at info@cpsi.com

[To access the toolkit, please follow the link here.](#)

Dissemination of Rural Health Research: A Toolkit

The emphasis of knowledge translation is to ensure health providers, consumers, researchers, advocates, and policymakers are aware of, can access, and are able to use health research findings to inform decision-making. Differences among audiences make it imperative to know when and how to utilize various modes of dissemination for health research.

This toolkit aims to assist researchers with step four in the knowledge translation process, reaching their target audiences. By developing appropriate, timely, accessible, and applicable products, researchers have the opportunity to inform step five, a change in policy or practice. This toolkit provides descriptions for multiple modes of dissemination and includes discussions of the purpose of each product, which product is appropriate given the topic and audience, and how to develop each. Effective examples are also provided.

[To access the toolkit, please follow the link here.](#)

Rural Suicide Prevention Toolkit

The Rural Suicide Prevention Toolkit



compiles evidence-based and promising models and resources to support organizations implementing suicide prevention programs in rural communities across the United States. The modules in the toolkit contain resources and information focused on developing, implementing, evaluating, and sustaining rural suicide prevention programs. There are more resources on general community health strategies available in the [Rural Community Health Toolkit](#).

[To access the toolkit, please follow the link here.](#)

Utah Medical Cannabis Program 4-Hr Required Course



This course introduces the endocannabinoid system and its interaction with the components of the cannabis plant, and addresses administration, therapeutic use, drug metabolism, physiologic and cognitive effects, potential risks, and drug interactions.

The use of marijuana in obstetric patients, pediatric patients, adolescent patients, and elderly patients is discussed in detail. In addition, the health effects of marijuana and cannabinoids in epilepsy are reviewed. Important considerations for patients with ischemic heart disease, hepatic disease, psychotic illness, and those with a history of drug dependence are provided.

This course also informs the reader about the legal and medical considerations in the recommendation of medical marijuana, and addresses the parts of H.B. 3001, including the Utah Medical Cannabis Act, that would be of interest to a Utah healthcare provider.

For more information about the course, please follow the link [here](#).

Funding Opportunities

Please check our website for updated funding

opportunities. You can find the table by following the link [here](#).

National Organizations

[Human Services to Support Rural Health](#)

[Oral Health in Rural Communities](#)

[Overdose Data to Action \(RFA-CE19-1904\)](#)

[HRSA US Fact Sheet by State](#)

[Rural Health Care Professional Job Posting](#)



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The OPCRH provides support to our stakeholders and clients in the form of hands-on support, economic impact analysis, research, community health needs assessments, and healthcare workforce needs assessment. We also provide technical assistance and pertinent information on student loan repayment programs and grant opportunities

If you would like to be a part of our newsletter in the future and/or would like to submit a success story, announcement, or communicate any other information to us or your rural health partners, please contact Colton Gordon Program Specialist 801-230-6570, coltongordon@utah.gov

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